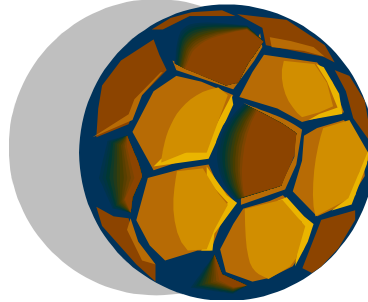


5-A-SIDE SOCCER

MIXED MENS LADIES (Please circle)



Team Name :

Date:

Captain's Name:

Captain's Address:

Mobile Phone: Home Phone:

Vice Captain's Name: (2nd Contact)

Vice Captain's Address:

Mobile Phone: Home Ph.....

Date: Staff Member:

		5.00	5.30	6.00	6.30	7.00	7.30	8.00	Earliest Time available
Monday	<input type="checkbox"/>								
Tuesday	<input type="checkbox"/>								
Wednesday	<input type="checkbox"/>								
Thursday	<input type="checkbox"/>								

I do hereby agree on behalf of myself and my team members to accept and play by the rules and to conduct ourselves as fair and decent sports for the duration of the season. We also agree to pay a game fee forfeit in the event our team should fail to arrive for any scheduled game. I have ensured I am familiar with the stadium policy (available at reception).

Signed Captain:
Kincumber Indoor Sports Centre
19 Cochrone Street, Kincumber NSW 2251

Date:
Ph: 43683197 Fax: 43681595
www.kincumberindoorsports.com.au